PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

		'	10	62	91	21							
			SMALL ENTITY TYPE				OTHER THAN						
TOTAL CLAIMS			(Colun	1-3	T (CO.	(Column 2)		RATE	<u> </u>	<u></u>	OR		ENTITY
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F		FEE 85.00	-	RATE	FEE
TOTAL CHARGEABLE CLAIMS							ł		+	65.00	OR	BASIC FE	770.00
INDEPENDENT CLAIMS			/2minus 20=		* <i>O</i>			X\$ 9=			OR	X\$18=	
-			minus 3 =				X43=	•		OR	X86=	86	
Livii	DETIFIE DEFE	NDENT CLAIM F	HESENI	RESENT				+145=			OR	+290=	
*	the differenc	e in column 1 is	less than a	ess than zero, enter "0" in column 2			ł	TOTAL			┥		0.00
CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>		OR	TOTAL	<u>856</u>
(Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9≈			OR	X\$18=	
	Independent	*	Minus	***		=		X43=	╁			X86=	
	FIRST PRESI	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		 		+		OR	700-	
								+145=			OR	+290=	
		40.				•	Α	TOTA DDIT. FEI			OR ,	TOTAL ADDIT. FEE	
~		(Column 1) CLAIMS		(Colum		(Column 3)			T				
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		=		X43=	†	\dashv		X86=	· · · · ·
	FIRST PRESE	NTATION OF ML	ILTIPLE DEI	PENDENT (CLAIM		┢		╁	\dashv	OR		
							L	+145=	_		OR	+290=	
TOTAL ADDIT. FEE										OR A	TOTAL DDIT. FEE		
7	<u> </u>	(Column 1) CLAIMS		(Column		(Column 3)	_						
MEN		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADI TION FE	NAL		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=			<u>.</u>	X\$18=	166
	ndependent		Minus	***		=	┢	X43=			DR [
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							∧4J= ———	<u> </u>	—	OR -	X86=	
* If the entry in column 1 is less than the entry in column 2, writ "0" in column 3.)R	+290=		
if the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20 "										DR AI	TOTAL ODIT, FEE		
Tì	e "Highest Num!	ber Previously Paid	For" (Total or	Independent	וs the t) is	ು, enter "3." nighest number f	found	in the ap	propriat	e box i	n colur	ກກ 1.	